A treatment success rate of more than 85% has been reported under the revised strategy which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 78 lac patients on treatment.

Scarcity of medicines in the RML Hospital

61. SHRI RAJ NATH SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that patients in Government hospitals do not get medicines properly, particularly in Dr. R.M.L. Hospital;

(b) if so, the reasons therefor and whether Government propose to appoint a pharmacist in each ward of the hospital to ensure availability of medicines;

(c) whether Government are aware that pharmacist of the hospital sells medicines to the open market; and

(d) if so, by when pharmacists would be appointed in each ward and the action being taken against those pharmacists selling costly medicines in the market?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) In so far as Dr. RML Hospital in concerned, essential medicines are distributed free of cost to all the patients is OPD and indoor patients. The hospital ensures that all life saving medicines are available all time in hospital store. In case of an emergency the store makes a local purchase of the medicines based on demand. The Medical Superintendent reviews the availability of medicines every Tuesday with the users, store and purchase sections and issues necessary instructions. There is no proposal to appoint a pharmacist in each ward of the hospital. Further, no case of selling medicines in open market by the pharmacists of RML Hospital has been reported.

Revamping of CGHS

62. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Central Government Health Scheme has been revamped;

(b) if so, the changes, if any, brought about in the scheme;

(c) whether any new agreements/MoUs signed private hospitals in this regard;

(d) if so, the details of such MoUs/agreements, etc.; and

(e) the details regarding projected improvements in the scheme and its implementation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Revamping of Central Government Health Scheme is an ongoing process. The changes brought about in the scheme are broadly computerisation of dispensaries, formation of Local Advisory Committee and delegation of Financial power to Zonal Additional Directors for quick settlement of medical reimbursement claims etc.

Fresh empanelment of private hospitals and diagnostic centres was taken up to have competitive rates for various procedures and services, as also directed by the Hon'ble High

Court of Delhi in CWP No. 4674 of 1996 in Shri T.S. Oberoi *Versus* Union of India. Tenders were floated during March-April 2004. Rates for various procedures, etc., were arrived at on the basis of rates quoted by private hospitals and diagnostic centres in response to the tender notice issued. Those hospitals and diagnostic centres that accepted the rates that emerged from the tender process were required to sign a Memorandum of Agreement (MOA) with the CGHS. The MOA to be signed by private hospitals and diagnostic centres is available on the website of the CGHS, *www.mohfw.nic.in/cghs.htm.*

Hospitals and diagnostic centres that are recommended for empanelment are also required to furnish a performance Bank Guarantee valid for a period of five years to ensure efficient service and to safeguard against any default. An MOA is signed with each empanelled hospital and diagnostic centre to ensure that the beneficiaries are not over-charged. Stringent provisions have been incorporated in the MOA to act as a deterrent against such over-charging to refusal to provide services. If instances of overcharging, refusal of treatment are brought to the notice by the beneficiaries, the hospitals are liable for liquidated damages to be deducted from the performance bank guarantee submitted by the concerned hospital/diagnostic centre. In case of repeated instances of defaults, the total amount of bank guarantee may be forfeited and also result in termination of MOA.

Empanelment of private hospitals and diagnostic centres under CGHS is now a continuous process. Any private hospital/diagnostic centres may apply to the CGHS if it meets the stipulated parameters and agrees to charge the rates fixed for the city.

Rules to manage genetically modified food products under FSSA, 2006

63. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has framed rules to manage Genetically Modified (GM) food products as stipulated under the Food Safety and Standards Act (FSSA), 2006;

(b) if so, whether they have been notified and laid before the parliament; and

(c) if not, the reasons for delay in framing the rules and by when the needful is likely to be done?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The tests of administration of the "Food Safety and Standards Act, 2006" has been recently allocated to this Ministry. The Act provides for the establishment of a Food Authority, which will be empowered to frame the rules to regulate and monitor the manufacture, processing, distribution, sale and import of food including Genetically Modified (GM) food products so as to ensure safe and wholesome food. Steps for the establishment of the Food Authority are being undertaken by this Ministry in consultation with the Steering Group constituted under the Chairmanship of the Cabinet Secretary. The rules will be framed by the Food Authority after following due procedure as laid down in the Act.

Maternal mortality in Orissa

64. MS. PRAMILA BOHIDAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the country faces a formidable challenge on maternal mortality, which shows that tens of thousands of malnourished, health-poor and resource-poor women without access to hospitals, continue to die during pregnancy while giving birth, etc.;